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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/575,839	05/22/2000	Matt Ayers	52224/296056	2761
23370	7590	06/25/2008	EXAMINER	
JOHN S. PRATT, ESQ			NGUYEN, THANH T	
KILPATRICK STOCKTON, LLP			ART UNIT	PAPER NUMBER
1100 PEACHTREE STREET				2144
ATLANTA, GA 30309				
			MAIL DATE	DELIVERY MODE
			06/25/2008	PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.



UNITED STATES PATENT AND TRADEMARK OFFICE

Board of Patent Appeals and Interferences

JOHN S. PRATT, ESQ.  
KILPATRICK, STOCKTON, LLP  
1100 PEACHTREE STREET  
ATLANTA, GA 30309

Appeal No: 2008-2560  
Appellant: Matt Ayers et al.  
Application No: 09/575,839  
Hearing Room: B  
Hearing Docket: B  
Hearing Date: Wednesday, August 13, 2008  
Hearing Time: 9:00 AM  
Location: Madison Building - East Wing  
600 Dulany Street, 9th Floor  
Alexandria, Virginia 22313-1450

**NOTICE OF HEARING  
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

**CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED.** This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

**CHECK ONE:**  HEARING ATTENDANCE CONFIRMED  HEARING ATTENDANCE WAIVED

\_\_\_\_\_  
Signature of Attorney/Agent/Appellant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registration No.

Names of other visitors expected to accompany counsel: \_\_\_\_\_  
For information on visitor access to hearing rooms and security procedures at the USPTO Alexandria Campus, see  
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